

TRADE CAPITAL MARKETS (TCM) LIMITED COMPLAINTS FORM

Way of Communication:	FAX <input type="checkbox"/>	Email <input type="checkbox"/>	Tel <input type="checkbox"/>	Letter <input type="checkbox"/>
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Client details

Name:	Surname:
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Account Number:

Legal Entity Name (if applicable):

Address:

Post Code:	City:	Country:
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Telephone Numbers:	Home:	Work:	Mobile:	Fax:
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Email:

Brief Summary of the complaint

Please answer in details the questions below:

- 1) the affected transaction(s) numbers;
- 2) the date and time of the disputed issue/trade;
- 3) a brief description of the issue.

Please enclose/attach any other relevant documentation that may enable us to handle and resolve the complaint.

I hereby certify and confirm that to the best of my knowledge, the information furnished above is true, accurate, correct and complete.

Signature:	Date:
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For internal use only

Complaint received by:

Date of reception: / /

Reference number:

Department involved:

Employee involved:

Initial response to client: Yes, No

Date: / /

Initial Action Taken:

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Informed client of initial action taken: Yes, No

Date: / /

Further Action Taken: Yes, No

Date: / /

Further Action Taken:

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File handed on to Compliance Officer: Yes, No

Date: / /

Settlement of complaint: Yes, No

Date: / /

Summary of how the complaint was settled:

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Signature of Responsible Officer:

Date: / /